

<div> <div> MULTIPLE DEPENDENT CLAIM  FEE CALCULATION SHEET  (FOR USE WITH FORM PTO-875) </div> <div> SERIAL NO.  APPLICANT(S) </div> <div> FILING DATE </div> </div>													
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		/				
2							52		/				
3							53		/				
4							54		/				
5							55		/				
6							56		/				
7							57		/				
8							58		/				
9							59		/				
10							60		/				
11							61		/				
12							62		/				
13							63		/				
14							64		/				
15							65		/				
16							66		/				
17							67		/				
18							68	/					
19							69		/				
20							70		/				
21							71		/				
22							72		/				
23							73		/				
24							74		/				
25							75	/					
26							76		/				
27							77		/				
28							78		/				
29							79		/				
30							80	/					
31							81		/				
32							82		/				
33							83		/				
34							84		/				
35							85		/				
36							86		/				
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47	/						97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	4	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	35	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	39					